

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
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47						
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	33	↔	↔	↔		
TOTAL CLAIMS	40	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↔	
TOTAL DEP.					↔	
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS